



3764

**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 12	Application Number	09/698,743
	Filing Date	October 27, 2000
	Confirmation Number	Unknown
	Inventor(s)	BOWEN et al.
	Group Art Unit	3764
	Examiner	Unknown
	Attorney Docket No.	99-26

**ENCLOSURES** (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (submit in duplicate) <input type="checkbox"/> Fee Attached \$ <input type="text"/> Check No.: <input type="text"/> <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Search report <input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input checked="" type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Address <input type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Issue fee Transmittal Form PTOL- 85(b) + (c) and cover sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Other Enclosure(s): _____		

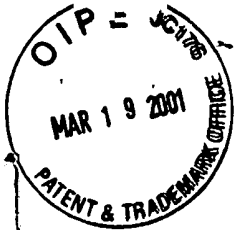
Current Due Date: None

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1501 Ardmore Boulevard, Pittsburgh PA, 15221
Signature	<i>Michael W. Haas</i>
Date	March 16, 2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <u>March 16, 2001</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	March 16, 2001



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*L. Par*  
*6-29-0*  
*#7/Dra*  
*Let*

In re PATENT APPLICATION of

BOWEN et al.

Group Art Unit: 3764

Appln. No.: 09/698,743

Examiner: Unknown

Filed: October 27, 2000

Conf. No.: Unknown

For: METHOD AND APPARATUS FOR MONITORING  
AND CONTROLLING A MEDICAL DEVICE

\* \* \* \* \*

March 16, 2001

**DRAWING CHANGE AUTHORIZATION REQUEST**

Hon. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

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Sir:

Applicants respectfully request authorization to amend Fig. 5 as indicated in red on the attached sheets; namely, to replace original informal Fig. 5, with Figs. 5A and 5B. These changes are provided to conform the figures to current Patent Office standards. Upon approval these changes will be effected in accordance with current Patent Office procedures.

Respectfully submitted,

By *Michael W. Haas*

Michael W. Haas

Reg. No.: 35,174

Tel. No.: (412) 473-5026

Fax No.: (412) 473-5021

RESPIRONICS INC.  
1501 Ardmore Boulevard  
Pittsburgh, PA 15221-4401  
1-800-638-8208

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

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*Michael W. Haas*  
Michael W. Haas, Reg. No. 35,174